

POSITION	INITIALS	ID NO.	DATE
	<i>Hedden</i>		<i>03-29-01</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>59</i>	<i>4291</i>
FORMALITY REVIEW	<i>T. R.</i>	<i>906</i>	<i>5104</i>
RESPONSE FORMALITY REVIEW	<i>MI TA</i>	<i>587113</i>	<i>7/23/01</i> <i>10.4.01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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*5-876*  
*50.23.01*  
*5-876*  
*10/05/01*